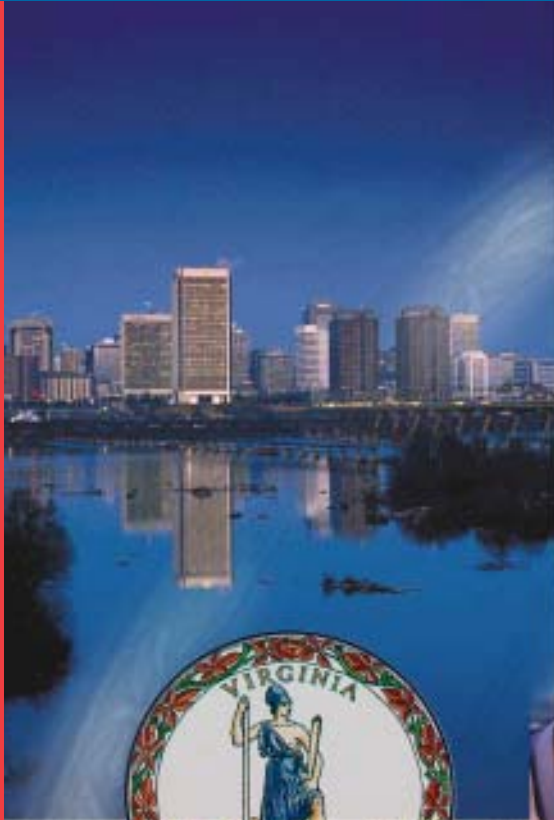


Commonwealth of Virginia
Department of Medical
Assistance Services

External Quality Review



Anthem BlueCross/BlueShield

Annual Report 2005

We don't provide healthcare... we make it better.



Anthem BlueCross/BlueShield Annual Report

Introduction and Purpose

The Virginia Department of Medical Assistance Services (DMAS) is charged with the responsibility of evaluating the quality of care provided to recipients enrolled in contracted Medallion II managed care plans. The intent of the Medallion II program is to improve access to care, promote disease prevention, ensure quality care, and reduce Medicaid expenditures. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DMAS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 (BBA) and federal EQRO regulations, Delmarva has conducted a comprehensive review of Anthem Blue Cross/Blue Shield (Anthem) to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is “the degree to which a Managed Care Organization (MCO) or Prepaid Inpatient Health Plan (PIHP) increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge” (“Final Rule: External Quality Review,” 2003).
- **Access (or accessibility)**, as defined by the National Committee for Quality Assurance (NCQA), is the “timeliness in which an organization's member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care” (“Standards and Guidelines,” 2003).
- **Timeliness**, as it relates to utilization management decisions, is defined by NCQA as when “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (“Standards and Guidelines,” 2003). An additional definition

of timeliness given in the National Health Care Quality Report “refers to obtaining needed care and minimizing unnecessary delays in getting that care” (“Envisioning the National Health Care,” 2001).

This annual report provides an evaluation of data sources reviewed by Delmarva as the EQRO to assess the progress that Medallion II managed care plans have made in fulfilling the goals of DMAS. This annual report is a mandated activity in the Medallion II contract and the BBA External Quality Review regulations.

Although Delmarva’s task to assess how well Anthem performs in the areas of quality, access, and timeliness from Health Employer Data and Information Set (HEDIS®¹) performance, performance improvement projects, and operational systems review perspective, it is important to note the interdependence of quality, access, and timeliness. Therefore, a measure or attribute identified under one of the categories of quality, access, or timeliness also may be noted under either of the two other areas.

Quality, access, and timeliness of care are expectations for all persons enrolled in the Medallion II managed care program. Ascertaining whether health plans have met the intent of the BBA and state requirements is a major goal of this report.

Background on Plan

Anthem consists of three health plans that provide managed care services to Medallion II enrollees in various localities throughout the state of Virginia. These health plans include Anthem HealthKeepers, Inc.; Anthem Peninsula Health Care, Inc.; and Anthem Priority Health Care, Inc. Enrollment in 2004 for all Anthem health plans was 73,337 members. Localities covered by Anthem are the Tidewater and Central Virginia regions. Anthem began providing services to Medallion II enrollees in January 1996 and is an NCQA-accredited health plan with an excellent accreditation status.

Data Sources

Delmarva has used the following three data sources to evaluate Anthem’s performance:

- HEDIS, which is a nationally recognized set of performance measures developed by NCQA. These measures are used by health care purchasers to assess the quality and timeliness of care and service delivery to members of managed care delivery systems.
- Summaries of plan-conducted Performance Improvement Projects (PIPs).
- Operational systems review, consisting of a desk review conducted by Delmarva as the EQRO to reassess deficient elements from the previous year’s onsite review for compliance with contract requirements and state regulations.

¹ Hedis® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Methodology

Delmarva performed an external independent review of all data from the above-listed sources. The EQRO has assessed quality, access, and timeliness across the three data disciplines. After discussion of this integrated review, Delmarva will provide an assessment to DMAS regarding how well the health plan is providing quality care and services to its members.

Health plan HEDIS results are audited by NCQA-licensed organizations. The HEDIS data in this report have been audited by MedStat through Delmarva. The BBA requires that performance measures be validated in a manner consistent with the External Quality Review protocol *Validating Performance Measures*. Each audit was conducted as prescribed by NCQA's *HEDIS 2005, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and is consistent with the validation method required by the EQRO protocols. NCQA protocols are used to capture and compute HEDIS results. This report contains data results of common HEDIS measures, each of which is calculated by all Medallion II managed care plans².

During the HEDIS 2005 reporting year, Anthem collected data from calendar year 2004 related to the following clinical indicators as an assessment of quality, access, and timeliness:

- Childhood Immunization Status
- Adolescent Immunization Status
- Breast Cancer Screening
- Prenatal and Postpartum Care
- HEDIS/CAHPS 3.0H Adult Survey
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life
- Adolescent Well-Care Visit

PIPs also are used to assess the health plan's focus on quality, access, and timeliness of care and services.

Although the PIPs address clinical issues, barrier analysis often leads to the identification of issues regarding access or timeliness as major contributing factors that affect the attainment of the clinical quality goals.

Anthem submitted two PIPs for review. Delmarva reviewed the health plan's PIPs, assessed compliance with DMAS contractual requirements, and validated the activity for interventions as well as evidence of improvement. The PIP topics were as follows:

- Improving the Use of Appropriate Medications for People with Asthma
- HMO Adolescent Immunization Combo 2 Rate Analysis

The Anthem Operational Systems Review covered activities performed during the time frame of Jan. 1, 2004 through December 31, 2004 and focused on elements which were found to be deficient (elements partially

² NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

met or not met) in the previous years' onsite review. The purpose is to identify, validate, quantify, and monitor problem areas in the overall quality assurance program. The review incorporated regulations set forth under the final rule of the BBA that became effective on August 13, 2002. The BBA is the comprehensive revision to federal statutes governing all aspects of Medicaid managed care programs as set forth in Section 1932 of the Social Security Act and Title 42 of the *Code of Federal Regulations* (CFR), part 438 *et seq.* In support of these regulations and health plan contractual requirements, Delmarva evaluated and then assessed compliance for the following systems:

- Enrollee Rights and Protections—Subpart C Regulation
- Quality Assessment and Performance Improvement—Subpart D Regulation
 - Access Standards
 - Structure and Operation Standards
 - Measurement and Improvement Standards
- Grievance Systems—Subpart F Regulation

It is expected that each health plan will use the review findings and recommendations for operational systems improvement to become fully compliant with all standards and requirements.

Quality at a Glance

Ensuring quality of care for Medicaid managed care recipients is a key objective of the Medallion II program. Various indicators exist that serve as direct and proximate measures of the quality of care and services provided to Medallion II recipients. Along with access and timeliness, these indicators are essential components of a quality-driven system of care, which is vital for the success of the Medallion II program. Data obtained from clinical studies performed by Delmarva, as well as through other avenues of data, support the delivery of quality health care to the Medallion II population. The findings related to quality are reported in the following sections.

HEDIS

Three HEDIS measures served as proxy measures for clinical quality:

- Childhood Immunizations
- Adolescent Immunizations
- Breast Cancer Screening

Table 1 shows the results obtained by Anthem.

Table 1. 2005 HEDIS Quality Measure Results for Anthem

HEDIS Measure	2005 Anthem Rate	Medallion II Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status	61.7%	58.1%	61.8%
Adolescent Immunization Status	54.8%	49.7%	51.8%
Breast Cancer Screening	52.9%	51.4%	55.8%

Anthem exceeded the Medallion II average for all three quality measures and fell below the National Medicaid HEDIS average for two of these measures. The Childhood Immunization Status rate for Anthem fell only slightly below the National Medicaid HEDIS average (61.7% vs. 61.8%). The results show strengths with regard to these areas of quality; however, there may be opportunity for improvement to meet or exceed the National Medicaid HEDIS average.

Performance Improvement Projects

In the area of PIPs, Anthem used the quality process of identifying a problem relevant to its population, setting a measurement goal, obtaining a baseline measurement, and performing targeted interventions aimed at improving the performance. After the remeasurement periods, qualitative analyses often identified new barriers that affect success in achieving the targeted goal. Thus, quality improvement is an ever-evolving process focused on improving outcomes and health status.

Anthem has implemented two PIPs:

- Improving the Use of Appropriate Medications for People with Asthma
- HMO Adolescent Immunization Combo 2 Rate Analysis

Anthem's PIP aimed at improving the use of appropriate medications for people with asthma addresses an important opportunity for improvement for Anthem's member population based on review of Medicaid HMO plan-specific and national data. Asthma ranked in the top diagnoses for inpatient admissions, emergency department visits, and outpatient office visits.

This PIP seeks to increase the use of appropriate asthma medications among all Medicaid HMO enrollees with asthma from 5 to 56 years of age. Over time, this PIP addresses multiple care and delivery systems that could pose barriers to improved enrollee outcomes. Use of appropriate asthma medications has been demonstrated to improve long-term control for persons with asthma and, as such, serves as a proxy measure for changes in health status.

Enrollee, provider, and administrative barriers initially were identified after baseline measurement. Enrollee barriers included a lack of knowledge regarding management of asthma, actions to address long-term control of asthma, and individual asthma triggers. Provider barriers were related to practice variation among physicians in treating asthma for long-term control. Finally, administrative barriers were related to member, caregiver, and physician lack of awareness about the Asthma Disease Management Program.

A comprehensive quantitative analysis was performed after each remeasurement that compared results to goal or benchmark and prior performance, described reasons for any changes to goals, and identified any trends or changes in statistical significance. Improvements realized since baseline were sustained over time, and the disease management program interventions implemented by Anthem to address identified barriers positively affected care over time. Anthem's rate related to improving the use of appropriate medications for people with asthma has remained essentially unchanged for the past three measurement periods. As a result, both quantitative and qualitative in-depth barrier analyses should be completed to address stalled improvement and the development of associated interventions that are timely, focused, and aggressive.

Anthem also implemented a PIP related to improving the HMO adolescent immunization Combo 2 rate. 2004 is considered a baseline year for submission of this second PIP in compliance with a DMAS contractual requirement and seeks to increase the Combo 2 immunization rate for adolescent enrollees.

Through this PIP, Anthem addresses multiple care and delivery systems that could pose barriers to improved enrollee outcomes. Increases in adolescent immunization rates have been identified as valid proxy measures for improved health status.

Administrative barriers were initially identified after baseline measurement. Administrative barriers included few administrative hits in the numerator as related to the long span of time between claims and the scattering of data among various sources. Ongoing interventions were identified; however, they were not linked to any barriers.

As a result, both quantitative and qualitative analyses of findings should be completed for this PIP, focusing on an in-depth barrier analysis and the development of associated interventions.

Table 2 provides a summary of data results for both PIPs conducted by Anthem.

Table 2. PIP Performance Results

PIP Activity	Indicator	Baseline	#1	Remeasurement		
				#2	#3	#4
Improving the Use of Appropriate Medications for People with Asthma	Percentage of members who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines in the measurement year.	1999: 62.55	2000: 59.7	2002: 68.3	2003: 68.93	2004: 68.52
HMO Adolescent Immunization Combo 2 Rate Analysis	Percentage of enrolled adolescents who turned 13 years of age during the measurement year, were continuously enrolled for 12 months immediately before their 13th birthday, and were identified as having had a second dose MRR, three Hepatitis B, and one Varicella vaccine by their 13th birthday.	2004: HK: 50.6 HK+:33.2				

Operational Systems Review Findings

Within the operational systems review component of the quality review, Anthem was reassessed specifically in the following areas:

Enrollee Rights and Protections—Subpart C Regulations

- ER1. ER1. Enrollee Rights and Protections-Staff/Provider
- ER6. Advanced Directives

Quality Assessment and Performance Improvement—Subpart D Regulations

- QA3. 438.206 (b) (3) Availability of Services
- QA5. 438.206 (c) (2) Cultural Considerations
- QA6. 438.208 Coordination and Continuity of Care
- QA21. 438.228 Grievance Systems
- QA24. 438.236 (c) Dissemination of Practice Guidelines
- QA26. 438.240 Quality Assessment and Performance Improvement Program
- QA27. 438.240 (b) (2) Basic Elements of Quality Assessment and Performance Improvement (QAPI) Program—Under/Over Utilization of Services

Grievance Systems—Subpart F Regulations

- GS6. 438.206 Handling of Grievances and Appeals—Special Requirements for Appeals

Anthem performed well in the areas of enrollee rights and protections-staff/provider, availability of services, coordination and continuity of care, grievance systems, dissemination of practice guidelines, quality assessment and performance improvement program, basic elements of QAPI program, and handling of grievances and appeals. Policies and procedures were revised for compliance in the areas shown above. An

example of a significant area where Anthem has performed successfully in this review is with the dissemination of practice guidelines. Anthem has adopted practice guidelines and has policies/procedures for the dissemination of guidelines to all affected providers and, upon request, to enrollee and potential enrollees. Anthem's policy for the dissemination of guidelines requires the health plan to annually distribute preventive health screening guidelines and any updates that are approved by the Quality Improvement Committee to members. Additional means of communication to providers, enrollees and potential enrollees is also evident. The area of grievance systems was found to be another core strength for Anthem.

Anthem was found to have opportunities for improvement in the areas of advanced directives, cultural considerations, and quality assessment and performance improvement program. A recommendation for improvement in regards to advanced directives suggest that Anthem specifically include language in the Access to Care policy that identifies how enrollees will be informed about the availability of a no cost second opinion, such as through the evidence of coverage (EOC). An additional recommendation pertaining to cultural considerations suggests that Anthem develop written policies and procedures to ensure that there is an on-going process in place to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds. The final recommendation related to quality assessment and performance improvement program advises Anthem to ensure that required reporting to the Quality Improvement Committee (QIC) of quality improvement indicators and subcommittee activity occurs according to the reporting calendar.

Three elements pertaining to the above recommendations were partially met after review of Anthem's documents; however, 12 elements changed to met status since the last review. Most of the improvement areas were addressed within 12 months of the audit review period. Anthem effectively implemented the recommendations for quality improvement and corrected each area by this review period. The rapid correction of the previous review's opportunities for improvement is evidence that Anthem has a strong oversight process and commitment to improving care and services to its members.

Summary of Quality

Anthem demonstrates a quality-focused approach in administering care and services to its members. The plan exhibits an integrated approach to working with its members, practitioners, providers, and internal health plan departments to improve overall health care quality and services. The health plan also focuses resources toward evaluating the interventions that provide the most benefit toward improvement needs. Opportunities for improvement may be evident in the area of quality pertaining to HEDIS measures and reassessed elements from the operational systems review.

Access at a Glance

Access to care and services historically has been a challenge for Medicaid recipients enrolled in fee-for-service programs. Access is an essential component of a quality-driven system of care. The intent of the Medallion II program is to improve access to care. One of DMAS's major goals in securing approval of the 1915(b) Medicaid waiver application was to develop managed care delivery systems that would remove existing barriers for Medicaid recipients, thereby improving their overall health status, increasing their quality of life, and reducing costly health expenditures related to a fragmented system of care. The findings with regard to access are discussed in the following sections.

HEDIS

From a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure:

- Timeliness of Prenatal Care
- Postpartum Check-up Following Delivery

Table 3 shows the results obtained by Anthem.

Table 3. 2005 HEDIS Access Measure Results for Anthem

HEDIS Measure	2005 Anthem Rate	Medallion II Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	88.5%	82.8%	76.0%
Postpartum Check-up Following Delivery	63.3%	57.8%	55.2%

Anthem scored above the Medallion II average and the National Medicaid HEDIS average for both rates. Postpartum care is affected by the health plan's access to correct demographic information for outreach to postpartum members. These results regarding access appear to be strengths for Anthem.

Performance Improvement Projects

Anthem PIPs focused on improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers also were examined. The identification of access barriers was found in Anthem's PIP aimed at improving the use of appropriate medications for people with asthma. Barriers were identified related to member, caregiver, and physician lack of awareness about the Asthma Disease Management Program, which affected member access to the program. Interventions were targeted to successfully improve access to the program.

Operational Systems Review Findings

Delmarva's operational systems review of Anthem showed that the following review requirements were reexamined and reflect adequate proxy measures for access:

Enrollee Rights and Protections—Subpart C Regulations

- ER3. Information and Language Requirements (438.10)
- ER5. Emergency and Post-Stabilization Services (438.114, 422.113c)

Quality Assessment and Performance Improvement—Subpart D Regulations

- QA7. 438.208 (c) 1–3 Additional Services for Enrollees with Special Health Care Needs
- QA10. 438.208 (e) Primary Care and Coordination Program

Through a desk review conducted for Anthem, Delmarva comprehensively reassessed elements from the previous year's review that were deficient and found that all elements have improved to met status. Anthem performed well in all areas of access to include information and language requirements, emergency and post-stabilization services, additional services for enrollees with special health care needs, and primary care and coordination program. Policies and procedures were revised prior to this review to ensure compliance within these areas.

An example of a significant area where Anthem has performed successfully in this review is with the additional services for enrollees with special health care needs. Anthem makes a good faith effort to conduct an assessment of enrollees with complex, serious, and/or disabling conditions as identified and reported by the state, within 90 days receipt of notification of Social Security Insurance (SSI) children. An additional area of strength for Anthem is the primary care and coordination program. Anthem coordinates services furnished to enrollees with those of other MCOs to prevent duplication.

After completion of the review, Delmarva conducted an assessment of Anthem's corrective action process. Anthem effectively implemented recommendations related to elements found to be partially met or not met and corrected every identified opportunity within 12 months of the report findings.

Summary of Access

Overall, access is an area of strength for Anthem and supports the health plan's intent as a quality-driven system of care. Combining all the data sources used to assess access, Anthem addressed the areas where the health plan showed vulnerability and corrected identified access issues, furthering the plan in its goal to implement a managed care delivery system that addresses existing barriers for Medicaid recipients.

Timeliness at a Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medallion II recipients. Equally important is the timely delivery of those services, which is an additional goal, established by DMAS, for the systems of care that serve Medallion II recipients. The findings related to timeliness are revealed in the sections to follow.

HEDIS

Timeliness of care was investigated in the results of the following HEDIS measures:

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life
- Adolescent Well-Care Visits

All Medallion II managed care plans were required to submit these measures. Table 4 shows the results obtained by Anthem.

Table 4. 2005 HEDIS Timeliness Measure Results for Anthem

HEDIS Measure	2005 Anthem Rate	Medallion II Average	2004 National Medicaid HEDIS Average
Well-Child Visits in the First 15 Months of Life (six or more visits)	41.2%	35.0%	45.3%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life	59.5%	59.7%	60.5%
Adolescent Well-Care Visits	27.1%	31.0%	37.4%

The Well-Child Visits in the First 15 Months of Life measure exceeded the Medallion II average by several percentage points (41.2% vs. 35.0%). The Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life measure fell slightly below the Medallion II average and the National Medicaid HEDIS average. Similarly, the Adolescent Well-Care Visits measure fell below both comparison averages. When looking at these data compared with the HEDIS childhood immunization results for Anthem, it is explicable that the rates are found to be high for both measures (Childhood Immunization Status and Well-Child Visits in the First 15 Months of Life [six or more visits]). This finding may indicate that the higher the rate of well-child visits practitioners perform, the higher the rate of childhood immunizations.

Performance Improvement Projects

Timeliness was a focal area of attention in Anthem's PIPs. Member-focused efforts consisted of assuring that members were educated about the asthma disease management program. Barriers related to timeliness issues focus on the lack of timely delivery of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be affected by access. Anthem's PIP aimed at improving the use of appropriate medications for people with asthma is HEDIS-related and focuses on services received (access) as well as on the time frame in which the services were provided (timeliness).

Operational Systems Review Findings

Delmarva's desk review findings showed that the following review requirements were reassessed and reflect adequate proxy measures for timeliness:

Enrollee Rights and Protections—Subpart C Regulations

- ER4. 42 CFR 431, Subpart F, and the Code of Virginia, Title 2.1, Chapter 26, (Privacy Protection Act of 1976) and the Health Insurance Portability and Accountability Act of 1996

Quality Assessment and Performance Improvement—Subpart D Regulations

- QA14. Expedited Authorization Decisions Timeframe

Grievance Systems—Subpart F Regulations

- GS8. 438.408 Resolution and Notification: Grievances and Appeals—Expedited Appeals
- GS10. 438.408 (c) Requirements for State Fair Hearings

Delmarva comprehensively reassessed Anthem and made recommendations for improvement related to time frame of decisions—expedited authorization decisions. This one element was found to be not met and did not demonstrate improvement. The recommendation pertaining to the expedited authorization decision timeframe element is for Anthem to add language to existing written policies and procedures to describe the extension time frames for expedited authorizations allowed under the state contract.

Anthem performed well in the areas of timeliness to include privacy protection and the Health Insurance Portability and Accountability Act, resolution and notification: grievances and appeals, and requirements for state fair hearings. An example of a significant area where Anthem has performed successfully in this review is with resolution and notification: grievances and appeals. Anthem has an expedited appeal process with a process for extension, and for notifying enrollees of reason for delay. Anthem's policies and procedures reflect the appropriate revisions for compliance in these areas of timeliness.

Anthem effectively addressed the three elements identified as deficient in the previous review, which have all now evolved to met status. Anthem corrected most of the access-related deficiencies within 12 months.

Summary for Timeliness

Anthem demonstrates an awareness of the importance of timeliness in the delivery of overall quality care and service through the identification of timeliness barriers, which often are identified as access issues. Anthem is encouraged to continue to address opportunities for improvement in the area of timeliness.

Overall Strengths

Quality:

- Anthem management staff are committed to quality improvement as evidenced by the rapid response and resolution of most the deficiencies cited during the operational systems review.
- Anthem scored better than the Medallion II average for 100% of the clinical HEDIS measures for quality required by the DMAS.
- Anthem met the majority of the reassessed quality elements for the operational systems review.
- Information system capabilities for performance measures to include data capture, general information systems, centralized processing of data, provider data, data sharing, and eligibility programming.
- Reporting methods for performance measures include staff experience, communication, documentation, and a team approach.
- Improvements realized since baseline related to the use of appropriate medications for people with asthma were sustained over time, and the disease management program interventions Anthem implemented to address identified barriers positively affected care over time.

Access:

- Anthem demonstrates better access to prenatal care and postpartum follow-up than the Medallion II program in aggregate and the Medicaid program nationally.
- Anthem met all of the reassessed access elements for the operational systems review.
- Anthem recognizes access barriers to quality of care issues.

Timeliness:

- Anthem met the majority of the reassessed timeliness elements for the operational systems review.
- Anthem has a partnership with the practitioner network to address long-term control of asthma in the member population.

Recommendations

This section offers DMAS a set of recommendations to build upon identified strengths and to address the areas of opportunity within the existing programs. These recommendations draw from the findings of those data sources individually and in the aggregate. Delmarva's recommendations for Anthem are as follows:

- Continue efforts to increase data completeness.
- Continue using successful performance measure reporting tactics.
- Perform general quality improvement and teamwork training, as these skills likely will lead to efficiencies in performance measure reporting.
- Improve documentation of processes and methods to assist during staff changes.
- Develop standardized provider data entry protocols and methods to identify locations of member medical records in order to reduce the need for multiple unsuccessful medical record chases.
- Develop or revise policies and procedures of the elements found to be deficient and/or make appropriate improvements in order for the deficiencies to be met in next year's EQRO review.
- Perform periodic monitoring within the areas identified in the operational systems review as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation into low-rated measures identified by HEDIS.
- Assess the disparities in quality of care and services among differing ethnic populations within the managed care membership; an understanding of this phenomenon will enable focused resource allocation.
- Perform root cause analyses for project interventions that do not improve performance. This activity will enable Anthem to better identify barriers to change and more effectively allocate resources to achieve systemic improvements.

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